

Most importantly, the results of the hard effort in the last 24 hours, the President's efforts, the efforts of the gentleman from Georgia (Mr. NORWOOD), the gentleman from Arizona (Mr. SHADEGG) stayed up all night to make sure of the language, to come up with a bill that this House can vote on this week that can be signed into law.

Mr. Speaker, 6 years of talking about this is too long. Now is the moment when we can reach a final decision. We can send a bill to the Senate that is a better bill than the Senate's bill. We can put a bill on the President's desk. He wants to sign a bill; we ought to give him the chance to do that.

This bill truly does protect patients' rights.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. DINGELL).

(Mr. DINGELL asked and was given permission to revise and extend his remarks.)

Mr. DINGELL. Mr. Speaker, the Senate last week spent a whole week in arriving at a decision on this legislation. It was a thoughtful debate, compromises were worked out on a bipartisan basis, and a good bill was sent here.

Let us look at where we are and why. A Member in this Chamber went to the White House in a closed meeting and worked out a deal. That deal was not reduced to writing until this morning. He did not know what was in the deal at the time he appeared before the Committee on Rules. Nobody else knew. I do not know now. None of you know. I seriously doubt that the Member who cut the deal knows what he has done.

I do not think that any Member can understand the ramifications of these curious transactions. In the Senate, the leaders were willing to forgo the Independence Day recess in order to work this legislation up. Here, without the vaguest understanding of what we are doing, we are now rushing to send a bill to the President.

The doctors have a way of describing this thing. They say, First, do no harm. There is a plethora of amendments which have been added to this legislation under the rule. If Members vote for the rule, they are going to vote for a bill that has not been tested and that the author of the amendment cannot satisfactorily explain to himself or to us.

Mr. Speaker, this is a bad process. I would point out that it sets up a whole new Federal standard for torts and for jurisprudence, something which has not been done for 300 years in this country. I ask my colleagues to note whether they can explain this or understand it, or whether they or anyone, or the author of the amendment, can assure us that this amendment does not foster mischief and misunderstanding and the potential for real trouble for the American public.

I would note some other things for the benefit of this Chamber. This is an

HMO bill. It is a step backwards in that it preempts State laws. It puts its finger on the scale of justice. Nay, it puts its whole fist or forearm on the scales of justice because it lays in place presumptions in favor of the HMOs.

The HMOs are smiling today. No one else is. Members who vote for this amendment will not be smiling in a little while because the end result of that is going to be that they are going to have hurt their constituents, and have done the wrong thing.

I will tell Members some additional things. The States are making fine progress in enacting patient protection laws. Those patient protection laws are making real progress. This bill would essentially preempt them and set aside all of that progress. States like Georgia, States like New Jersey, States like Texas, are going to see their laws superseded.

Mr. Speaker, the amendment to this bill is titled the Bipartisan Patient Protection Act. It should be entitled, the Partisan HMO Protection Act.

Mr. Speaker, I urge my colleagues to vote against the amendment.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Maryland (Mr. WYNN).

Mr. WYNN. Mr. Speaker, I rise in strong opposition to the rule and to the underlying bill. The fact of the matter is that without a right to redress, the so-called patients' rights are worthless. Today we will hear the Republicans talk about the rights that they give patients, but if patients cannot get into court in an easy, convenient manner, they cannot redress their rights.

Remember, it is the patient's back, the patient's knee, the patient's neck, the patient's facial scars that have to be corrected. If the HMOs deny a patient relief, they should have the right to go to court, and this bill does not do it. It guarantees every roadblock possible to benefit the HMOs; every presumption possible to benefit the HMOs. It wipes away State laws to benefit the HMOs. The protections are not in this bill, the protections are for the HMOs. That is what is wrong with this bill.

They will say if we let patients go to court, they will not be able to get insurance. Studies have shown that the increase in costs are minimal; people are willing to pay it. In Texas, which has the right to go to court, they have not had a lot of lawsuits.

Reject this bill.

Mr. GOSS. Mr. Speaker, I yield 4 minutes to the gentleman from Iowa (Mr. GANSKE), a major player in this legislation.

Mr. GANSKE. Mr. Speaker, I thank the gentleman for yielding me this time.

Yesterday was an amazing day in the Committee on Rules. I have been to the Committee on Rules three times on the Patients' Bill of Rights; and I must admit when we were talking about the Norwood amendment last night and we did not have any language to talk about, and the gentleman from Georgia

(Mr. NORWOOD), was saying I reserve the right to not agree with my own amendment, it was sort of bizarre. But I must say that I have been treated with respect and kindness by the Committee on Rules.

Mr. Speaker, I wish very much that we had more time to see the language of the Norwood amendment so people could fully understand it. We are going to have a chance to talk about the Norwood amendment, and I will go into it in more detail later. I intend to support the rule. I understand fully how my colleagues on the other side of the aisle very well are upset about this, but I feel it is time to move on with this debate.

Mr. Speaker, I thank my colleagues from both sides of the aisle who throughout the last 5 or 6 years have stood up as protectors of patients and have been very interested in this. I cannot remember the number of times I have given Special Orders late at night.

I have shown patients like this: HMOs Cruel Rules Leave Her Dying for the Doc She Needs; What His Parents Did Not Know About; HMOs May Have Killed This Baby. I have spoken about how, as a plastic surgeon, HMOs using medical necessity, unfair definitions, which have denied children care. I have spoken about this woman who lost her life because an HMO did not provide her with the treatment she needed.

I have spoken about how an HMO would not pay this young woman's emergency care and hospital bill because when she fell off a cliff, she did not phone ahead for prior authorization.

A couple of years ago when we had this debate, this little boy came to the floor. An HMO made a medically negligent decision which cost him both hands and both feet. Under Federal law, if that is an employer plan, the HMO is responsible only for the cost of his amputations.

I think we now have bipartisan support that is not fair or just, and that we need to do something to prevent that from happening, and that is why the underlying Ganske-Dingell bill sets up a strong external appeals program, similar to what they have in Texas, to prevent this from happening, to prevent cases from going to court.

Mr. Speaker, there will not be that much debate on the patient protection part of the Ganske-Dingell bill because there are not any amendments coming up, but they are solid. We are going to have three amendments coming to the floor. One will be on access provisions, one will be on medical malpractice liability, and the third is a very, very important one, and that is, in fact, whether to provide additional protections to HMOs.

We will go into some details, how the Norwood amendment would provide affirmative defenses for HMOs that they do not have now, and how it would actually preclude State law. I will at that time recite the lines in the Norwood